

# Access to Appropriate Health Care



*National Eye Institute, National Institutes of Health*

*“Access is the timely use of personal health services to achieve the best possible health outcomes.”*

*Institute of Medicine. 1993.*

*Equity – “the ideal or quality of being just, impartial or fair (in law.)”*

*The American Heritage Dictionary. 1979*

According to the United Health Foundation, “America’s Health: State Health Rankings for 2004,” Louisiana was ranked as the least-healthy state in the nation for a combined measure of identified health outcomes and risk factors—a ranking Louisiana has held for 14 of the last 15 years.<sup>1</sup> Improving both the access to health care and the equity of care is vital to improving this ranking. “Access-to-care” can be broadly defined as “. . . the ability to obtain appropriate, comprehensive, and affordable health care in a timely manner. . .” – i.e. having what you need, when you need it.<sup>2</sup> The issue of “equity” in access addresses differences in the availability, quantity, quality, or utilization of health care services among different demographic and socio-economic population groups.<sup>3</sup> Both “access” and “equity” are needed to ensure a healthy community.

There are many barriers that limit access to care and contribute to inequities in care. These barriers can be generally grouped into three categories.

- **Financial**
- **Organizational**
- **Sociocultural<sup>4</sup>**

#### **DID YOU KNOW?**

*“Access to Healthcare” is identified as one of 10 “leading health indicators” to be tracked as communities seek to improve the health status of their citizens in the first decade of the 21<sup>st</sup> Century.*

*– Healthy People 2010*

The issues of access and equity are complex and cannot be fully covered in this Profile. This chapter will discuss the common barriers and present data that can be used to identify and assess these barriers, as well as the local capacity to provide care. Actual parish or regional level data is limited, but will be presented where available. State and national data can be used to identify trends over time and across population groups. This data together with parish socio-economic demographics, can then be used to identify and estimate the magnitude of local equity and access barriers.

This chapter closes with a discussion on overcoming barriers and presents potential strategies and resources available to help leaders and citizens in addressing these issues in their community.

The following indicators are included in this chapter:

- The insured by type of coverage – public and private
- The uninsured
- Number of health care providers by type of provider
- Number of hospital facilities and beds by facility type
- Health care professional shortage areas
- Federal Transit Administration funded transportation providers

## Financial Barriers

Financial barriers to access and equity are a function of the cost and affordability of health care. Contrary to popular perception, these barriers exist for the employed as well as the unemployed, and the insured as well as the uninsured. Medical insurance, private and public, is a system created to increase the affordability of health care. Insurance and the lack of it is one indicator of affordability. While communities can address financial barriers through efforts to provide a healthy economy, they cannot affect the cost of health care.

### Insurance

Being “insured” is not equivalent to being “adequately insured” and does not ensure that an individual will receive “adequate health care.” All coverage comes with restrictions and limitations and there are large

Insurance Coverage for Adults	Louisiana	Region 8
Uninsured Adults	21.1%	27.3%
Insured by Employer	55.3%	52.0%
Insured by LaChip/Medicaid	4.5%	3.4%
Insured by Military	2.9%	2.5%
Bought Insurance	8.5%	6.7%
Insured by Medicare	4.1%	2.0%
Insured by Former Employer	4.4%	4.9%
Insured by Someone Not Living in Household	1.3%	0.5%

Source: DHH, Louisiana Health Insurance Survey, April 24, 2004

variations in the comprehensiveness of coverage provided by both private and public insurers. Therefore, even for individuals with insurance coverage, cost can be a barrier that causes some to delay or forego appropriate prevention, care, and treatment.

Insurance is divided into two main categories: private and public. Private insurance includes coverage that is paid for by an individual, an employer or other private funding. Publicly funded insurance is insurance funded by a government program, usually federal, state, or a combination of the two. In 2003, 61.3% of Louisianans had private insurance.<sup>5</sup>

### Private Insurance

There are many different options for insurance coverage. In Louisiana, the majority of individuals with coverage are covered by an insurance plan offered through their employer.<sup>6</sup> Health maintenance organizations, one type of insurance plan, are both insurers and health care providers. They accept responsibility for a specific set of health care benefits offered to customers and provide those benefits through a network of physicians and hospitals. In Louisiana there are currently 10 licensed HMO's primarily composed of independent physicians practicing alone or in small medical groups operating in the state. In 2002 there were approximately 626,780 Louisiana residents, or 14 percent of the population, who were enrolled in HMO's.<sup>7</sup>

### Government-Sponsored Insurance Programs

Government-sponsored insurance programs include Medicaid, LaCHIP and Medicare. Each has a certain set of eligibility requirements and is targeted for a specific segment of the population. However, many services go unused because eligible children, adults and families are not enrolled either because they do not have the ability to find or get to a health care provider, or they are unable to navigate through the system. As a result, problems that might have required low-cost preventive care can become expensive and serious before insurance is accessed. Children are of special concern because of their vulnerability and dependency upon parents or other caregivers.

**Medicaid—In Richland Parish almost 33 percent of the population (an estimated 6,687 people) are eligible for Medicaid.**<sup>8</sup> In Louisiana, Medicaid is administered by the Department of Health and Hospitals, Bureau of Health Services Financing. Medicaid is a primary source of preventive health care for medically vulnerable Americans such as, but not limited to, low income families, low-income seniors, and people with a disability. Medicaid covers a wide range of services including physician, hospital, laboratory, X-ray, and nursing home services. Optional programs cover services such as pharmacy and intermediate care facilities for the developmentally delayed.

Medicaid services for children are offered through KIDMED. The program provides preventive health care for Medicaid-covered children under the age of 21. The program covers a broad range of preventive care and all services medically necessary to diagnose and treat conditions for enrolled children. Some low-income families make only slightly more than the amount that qualifies them for government-sponsored health care coverage. They also may have difficulty obtaining private insurance. In recognition of the gap in coverage that exists between being Medicaid-eligible and being able to afford private insurance, the federal government has established and Louisiana has initiated a child health insurance program called LaCHIP, which uses higher income standards than traditional Medicaid.

<b>Medicaid and LaCHIP 2003-2004</b>	<b>Richland</b>	<b>Louisiana</b>
People Eligible for Medicaid	6,687	1,048,048
# of Medicaid Recipients	6,777	1,048,209
Medicaid Recipients as a % of Total Population	32.9%	23.3%
People Eligible for LaCHIP	674	114,559
# of LaCHIP Recipients	674	109,077
LaCHIP Recipients as a % of Eligible Population	100.0%	95.2%

Source: Louisiana Department of Health and Hospitals, Medicaid Annual Report 2003-2004, Data Set, September 2004,

**LaCHIP—In 1998, the Louisiana legislature created LaCHIP, Louisiana's version of the national Children's Health Insurance Program, designed to give uninsured children to age 19 quality health care. Since the Governor's Health Care Summit in 2004, the enrollment of eligible children in LaCHIP and Medicaid has increased by 36,935; and as of February 2004, the program is providing no-cost health insurance for 106,905 children.**<sup>9</sup> However, recent research shows that an estimated 77,000 low-income children remain uninsured in Louisiana. **In the fiscal year 2003-2004, there were 674 LaCHIP recipients in Richland Parish.**<sup>10</sup>

**Medicare—This government-sponsored health insurance program is available for all people 65 years and older and some younger people in special circumstances. It is administered by the Centers for Medicare and Medicaid Services (CMS). In Richland Parish, 15.0 percent of the population is 65 and older (3,152 people), making them eligible for Medicare.**<sup>11</sup> Medicare is a traditional fee-for-service system that helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care. Traditionally, Medicare has not covered the costs of prescription drugs other than cancer drugs.

## The Uninsured

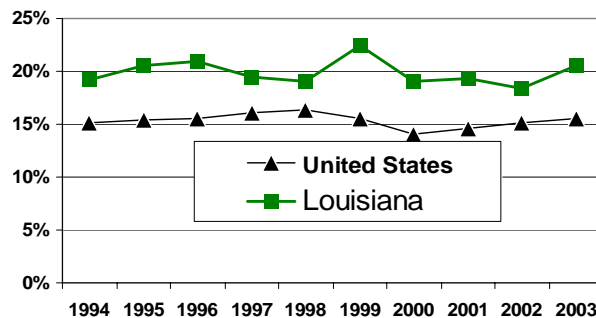
Those who can not afford private insurance and do not qualify for government programs fall in the coverage gap of the “uninsured.” Individuals are considered “uninsured” when they are without any kind of health insurance coverage—private or public (government sponsored). Individuals without health insurance have great difficulty accessing the health care

system and frequently do not participate in preventive care programs.<sup>12</sup> According to U.S. Census estimates for 2003, 20.6 percent of Louisiana’s population was uninsured, compared to 15.6 percent of the U.S. population. This marked the third straight annual increase in the uninsured population to almost 45 million people throughout the United States.<sup>13</sup>

Much of the information on the uninsured in the state used in this section comes from the 2003 Louisiana Health Insurance Survey conducted by the Louisiana Department of Health and Hospitals. The data in this section is representative of the data in the report and can be accessed online at

[www.dhh.louisiana.gov/reports.asp](http://www.dhh.louisiana.gov/reports.asp). The survey provides state and regional data by demographic groupings including income and poverty, employment, race, age, and sex. In addition, parish data is provided for children under 19 years of age.

### Population Without Health Care Coverage 1994-2003



Source: U.S. Census Bureau, most years Current Population Survey, Annual Social and Economic Supplement

### Estimated Uninsured Louisiana Residents

State and Region	Adults*		Children	
	Percent Uninsured	Number	Percent Uninsured	Number
<b>Louisiana</b>	21.1%	576,500	11.1%	135,400
<b>Region 1</b>	20.9%	131,000	9.6%	27,400
<b>Region 2</b>	19.2%	71,400	10.8%	18,700
<b>Region 3</b>	21.3%	48,300	11.4%	13,500
<b>Region 4</b>	23.1%	73,800	11.0%	18,300
<b>Region 5</b>	20.4%	34,200	15.7%	12,900
<b>Region 6</b>	21.6%	38,100	6.3%	5,500
<b>Region 7</b>	21.6%	65,300	15.2%	22,700
<b>Region 8</b>	27.3%	56,000	11.1%	11,400
<b>Region 9</b>	17.3%	45,300	10.4%	13,600

\* Adults—Over 18 and Less than 65

Source: Louisiana Department of Health and Hospitals, Louisiana Health Insurance Survey, 10 May 2004

The survey identified the following characteristics of Louisiana’s uninsured:<sup>14</sup>

- 21.6% of the total state population is uninsured, but the rate varies by race: white—18.1%, black—29.4%, other—30.4%
- Most of the uninsured were at or below 200 % of the federal poverty level
- Roughly two-thirds are white
- 40% of the uninsured in the state are without a high school education
- The majority of uninsured are employed
- Most cited the high cost of health coverage as the main reason for having no health insurance coverage

**Uninsured Children**—In Louisiana for 2003, it is estimated that 135,400 (11.1 percent) children under 19 years old are uninsured. **For Region 8, including Richland Parish, 11.1 percent (11,400) are uninsured. In Richland Parish, it is estimated that 14.3 percent (863) are uninsured.**<sup>15</sup> The survey credits the LaCHIP program for this relatively low number of uninsured children, however there are still poor and near poor children who are qualified yet not enrolled in a government sponsored program. **The survey estimates that of the 11,400 uninsured children in Region 8, 5,000 are below 200% of the federal poverty level, thus likely to qualify for either Medicaid or LaCHIP.** Access to health care for these children could be increased by identifying them and facilitating their enrollment in the appropriate program.

**Uninsured Adults**—There are an estimated 576,500 people in Louisiana, ages 19-65 years, who are uninsured; they are too old for LaCHIP, do not qualify for Medicaid or choose not to purchase insurance due to cost or perceived need. **The survey estimates that of the 56,000 uninsured adults in Region 8, 38,500 are below 200% of the federal poverty level and thus are not likely to be able to afford to purchase either employee sponsored or privately purchased insurance.**<sup>16</sup> The Governor's Health Care Reform initiative proposed to implement a Health Insurance Flexibility and Accountability (HIFA) waiver (LaChoice) to securing access to preventive and primary care for this uninsured population.

## **Organizational Issues**

Organizational issues include inadequate capacity, a shortage of primary care providers, medical specialists, or other health care professionals and facilities such as hospitals, assisted living centers, and nursing homes. Transportation is another organizational barrier that is closely tied to income level and poverty status. Even the availability and affordability of child care can be a barrier to some parents who may have to bring their children to medical appointments.<sup>18</sup> State and local governments can begin to address organizational barriers through reducing provider shortages and making preventive services more available.

### **Taking Care, Taking Control: Care Caddy's Health Services for Children in Cedar Grove**

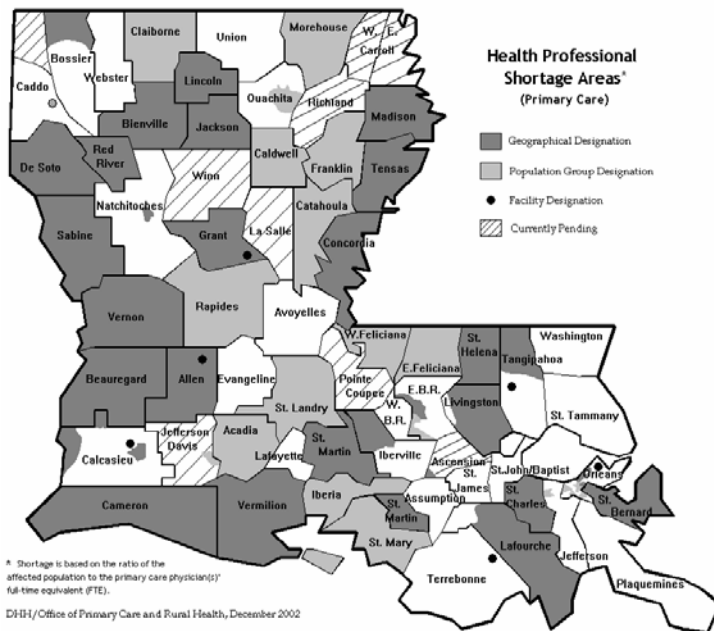
The Care Caddy, a revamped "Shots for Tots" van, debuted in February and March this year at the Friendship Houses in Allendale and Cedar Grove.

The Care Caddy provides health and wellness information, physical exams, immunizations to children and teens and they even enroll children in the Louisiana Children's Health Insurance Program, (LaCHIP). The program comes from a partnership among Christus Schumpert Health System, LSU Hospital in Shreveport, the Hal Sutton Foundation and Shreveport-Bossier Community Renewal.

The brightly painted van is designed to ease children's fears when visiting for treatment and the staff wears colorful scrubs and keeps a supply of small stuffed animals to give the younger patients. The staff and communities are enthusiastic about the success of this initiative, such as providing immunizations to a 1 year-old who had never had shots before.<sup>17</sup>

## Health Professional Shortage

While Louisiana has made several attempts to address issues associated with the health professional shortage, the state still continues to have an unequal distribution of primary care physicians. According to the Federal Bureau of Primary Health Care, one in four Louisiana residents lives in an area that has been federally designated as a primary care shortage area.



However, this is not the case. As of May 2004, the Federal Bureau of Primary Health Care estimates that 81 percent of the primary care physicians who are practicing in the state are located in one of 11 urban parishes. There is one primary care physician for every 1,408 urban residents, which would be adequate to meet their health care needs if they are not underinsured or uninsured.<sup>20</sup>

Unfortunately for the 41 percent of Louisiana's residents who live in rural areas, this means that there is only one physician for every 4,187 of them. This constitutes a severe shortage in rural areas across the state.<sup>23</sup> Even within parishes, some areas are more underserved than others.

**The Bureau of Primary Care and Rural Health**—this division of the Louisiana Department of Health and Hospitals works to build community health systems' capacity to provide integrated, efficient and effective health care services. The Bureau has set the following priorities to

***There is only one  
physician for every  
4,187 of Louisiana's  
rural residents***

It is estimated that there is one primary care physician for every 1,937 people in the state.<sup>19</sup>

Normally, this number would be adequate to meet the primary health care needs of Louisiana's residents if these providers were evenly distributed throughout the state and accepted all patients regardless of ability to pay.

## Health Care Providers Richland Parish, 2004

Type of Provider	Number
<b>Primary Care Physicians</b>	<b>12</b>
Family Practice	7
General Practice	1
Infectious Disease	0
Internal Medicine	2
Obstetrics & Gynecology	2
Pediatrics	0
<b>Mental Health Providers</b>	<b>5</b>
Psychiatrists	0
Social Workers	5

Source: DHH/OPH, 2004 Louisiana Health Report Card

## DID YOU KNOW?

63 whole or partial parishes in Louisiana are classified as “medically underserved.”<sup>21</sup>

57 whole or partial parishes are either pending designation or designated as primary care health professional shortage areas.<sup>22</sup>

fulfill this mission: integrating local health care services, developing strong community partnerships, building local health care resources, supporting effective clinical practices and health care organizations, reducing health disparities, recruiting and retaining primary health care providers, promoting relevant state and national health policy, and serving as a repository of valuable health-related data and information.

The Bureau currently offers a wide range of technical support services to communities and health care providers within the Bureau's service area. These services include, but are not limited to, grant funding for health care service expansion projects, a web-based grants clearinghouse, demographics and health statistics, educational opportunities, health professional shortage area (HPSA) designation recommendations, policy information, and primary care provider recruitment and retention services.

In 2004, the Bureau implemented the Health Systems Development (HSD) Program to strengthen and expand local access to primary and preventive health care services within medically underserved areas. Health systems development services available through the program include: community development services such as small and large group facilitation; data-driven and community-based needs assessments; strategic planning and development; health sector economic impact studies; enhanced demographic scans; mapping services and health service market analyses; feasibility studies; practice management services; grant proposal development consultation; and resource development support. The Bureau of Primary Care and Rural Health often coordinates its resources with partnering statewide organizations to provide technical assistance, recruit underserved areas to participate in state-level planning processes, and/or respond to requests from underserved communities.

## Medical Facilities

The state has a number of different types of medical facilities including hospitals, charity hospitals, parish health units, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, school-based health centers, and substance abuse prevention clinics. The number and types of medical facilities vary greatly by parish.

### DID YOU KNOW?

*In Richland Parish there are 3 nursing home facilities with a total of 400 licensed beds.<sup>24</sup>*

Hospital Facilities – Region 8														
Parish	Acute Care		Children's		Critical Access		Long term		Psychiatric		Rehabilitation		Other	
	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds
Caldwell	2	87	0	0	0	0	0	0	0	0	0	0	0	0
East Carroll	1	23	0	0	0	0	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	0	0	0	0	1	25	0	0	0	0	0	0	0	0
Lincoln	2	169	0	0	0	0	1	90	0	0	0	0	0	0
Madison	0	0	0	0	1	25	0	0	0	0	0	0	0	0
Morehouse	1	60	0	0	0	0	0	0	0	0	1	15	0	0
Ouachita	8	1,137	0	0	0	0	2	90	2	40	2	37	0	0
Richland	2	87	0	0	0	0	0	0	0	0	1	16	0	0
Tensas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Union	1	11	0	0	1	25	0	0	2	50	0	0	0	0
West Carroll	1	33	0	0	0	0	0	0	0	0	0	0	0	0

Source: Department of Health and Hospitals Health Standards, March 2005, Licensed Beds

**Charity Hospital System** – The state’s charity hospital system includes 10 hospitals located in 10 different parishes, at least one in each region, with a total of 2,197 acute care beds. The system is currently operated by the Louisiana State University Health Science Center (LSUHSC). Most of the hospitals are teaching hospitals. **In Region 8, the E. A. Conway Medical Center is located in Monroe.**<sup>25</sup>

**Rural Health Clinics (RHCs)** – There are 72 Rural Health Clinics are located in non-urbanized Health Professional Shortage Areas or medically underserved areas.<sup>26</sup> These facilities are staffed by at least one physician and at least one mid-level practitioner, such as a physician assistant, a nurse practitioner, or a certified nurse midwife at least 50 percent of the time the clinic is open. Rural health clinics provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the rural health clinics.<sup>27</sup>

Region 8 Rural Health Clinics and Federally Qualified Health Centers		
Parish	Rural Health Clinics	Federally Qualified
Caldwell	Winters Clinic Citizens Rural Clinic	None
East Carroll	East Carroll Medical Clinic Lake Providence Medical Clinic The Family Practice Clinic	None
Franklin	Franklin Medical Center RHC Winnsboro	Wisner Medical Clinic
Jackson	Jackson Parish Hospital Family Care Clinic	None
Lincoln	None	None
Madison	Dr. L. P. Neumann, Jr., APMC RHC Thomas A. Neumann MD., A Medical Corporation	Outpatient Medical Center in Tallulah
Morehouse	None	None
Ouachita	Sterlington Outpatient Rural Health Clinic	Primary Health Services Center: S.D. Hill** & Orange Street
Richland	Delhi Rural Health Clinic Northeast Louisiana Health Center	None
Tensas	Franklin Medical Center RHC St. Joseph Franklin Medical Center RHC-Tensas	None
Union	Union Clinic of Marion Tri-Ward Clinic Union General Rural Health Clinic	None
West Carroll	Community Medical Clinic Oak Grove Medical Clinic West Carroll Medical Clinic	None

Source: DHH Bureau of Primary Care and Rural Health, 2005

### Federally Qualified Health Centers

**(FQHCs)** – There are 38 federally funded FQHCs provide primary and preventive health care services in medically underserved areas.<sup>28</sup> Staff may include primary care physicians and mid-level parishioner, as well as dentists, social workers, and other mental-health and substance abuse professionals. The centers provide primary care services, such as comprehensive medical history, assessment and treatment, immunizations, well-baby care, vision, hearing and dental screenings, radiology, laboratory services, health education, health promotion and individual case management to patients regardless of their ability to pay.<sup>29</sup>

### Taking Care, Taking Control: Five Towns Granted New Health Care Centers

Five Louisiana towns are getting a total of \$3.35 million to create new Federally Qualified Health Center (FQHC) sites. According to state health officials an estimated 15,000 poor and uninsured people will have access to health care through these facilities. The five grantees and the amount awarded to each, are: Primary Care Providers for a Healthy Feliciana -- \$650,000 to open a new core site in Clinton; Innis Community Health Center -- \$775,000 to open a satellite site in Livonia; Tensas Parish Community Health Center -- \$400,000 to open a new core site in St. Joseph; Catahoula Parish Hospital District No. 2 -- \$666,667 to open a satellite site in Ferriday; Primary Health Care Services -- \$858,333 to open a satellite site and a homeless clinic, both in Monroe.

Source: *The Advocate*, Baton Rouge, La 19 April 2005

**Parish Health Units** –The Louisiana Department of Health and Hospitals, Office of Public Health currently operates 77 parish health units that provide services in the areas of immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition education and counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS), environmental health services, and vital records services.<sup>30</sup>

**School-Based Health Centers** – Louisiana youth, aged 10 to 19, are the most underserved population in health education and health services.<sup>31</sup> School-based health centers (SBHCs) under the Adolescent School Health Initiative, provide access to comprehensive primary and preventive physical and mental health services for school-age children primarily in low-income, rural, and or medically underserved urban areas.<sup>32</sup> In addition to providing services, the SBHC program brings knowledge about wellness, and preventive and primary health services to teenagers to encourage lifetime healthy behavior.

#### DID YOU KNOW?

*In the 2003-2004 school year, the top three reasons for visiting Louisiana School Based Health Centers were*

1. *Health supervision such as routine physical exams and vision/hearing screenings*
2. *Mental health issues*
3. *Specific symptoms such as headaches, abdominal pain, and sore throat.*

There are a total of 56 SBHCs throughout the state. There are 48 full-time operating sites and six part-time sites funded by DHH/OPH. In addition, there is one federally funded SBHC and one Rapides Foundation funded site. **In Richland Parish there are two SBHCs located at Delhi Jr. and Senior High.**<sup>33</sup>

### Transportation

The lack of accessible and affordable transportation is a major barrier to health care. It is an issue of availability as well as affordability. Of particular vulnerability are the elderly and disabled, who may not be able to drive, and the poor, who may not be able to afford to drive. A recent National Household Transportation Survey indicates that 21 percent of Americans 65 and older do not drive.<sup>34</sup> Census 2000 reports that in Louisiana, just over 24 percent of renter-occupied households and 6 percent of owner-occupied households have no vehicle available. **In Richland Parish, nearly 30 percent of renter-occupied households and nearly 8 percent of owner-occupied households are without vehicles.**<sup>35</sup>

### Taking Care, Taking Control:

#### Lafayette Buses Increase Access for the Elderly and Disabled.

The Lafayette Transit System has four new buses equipped with a low floor, ramps, and hydraulic shocks, allowing the rider to get onto the bus without having to walk up steps, and an automated announcement system to let riders with visual impairment know if they are at their stop. The buses cost \$1.1 million and were purchased with a Federal Transit Administration (FTA) grant, 80% federal funds, 20% matching funds.

For more information on buses contact LTS at (337) 291-7041 or online at <http://www.lafayettelinc.net/lts/>. For more information on the FTA grant program in Louisiana, contact the Louisiana Department of Transportation and Development, Public Transportation Section at (225) 274-4302 or online at <mailto:hwww.PublicTransportation@dotd.louisiana.gov>.

Adequate transportation improves quality of life, reduces the cost of living, and makes work more accessible. Throughout the state, transportation services are provided by a variety of public, private, nonprofit, and social service agencies either directly or through contract services. However, services are often fragmented and uncoordinated, resulting in large gaps in services—geographically, for certain demographic groups, and for certain trip purposes.

Those individuals who do not have or cannot utilize a means of personal transportation need access to other methods of transportation. These can be categorized in two major categories: services available to the general public—e.g. taxis, local bus service; and services available to select program recipients for program specific services—e.g. Medicaid, HeadStart, Veterans Administration, Councils on Aging, etc. General public transportation is transportation that has no qualifying eligibility and is either offered at a fee or subsidized fare. City transit systems, taxis, and some nonprofits and governmental agencies are forms of public transportation.

Social service transportation includes services provided by Medicaid and other social service programs usually restricted to their client groups for their approved services. While there are a few parishes that do not have Medicaid transportation providers located in the parish, DHH works with providers to ensure that all Medicaid recipients are transported to medically necessary appointments.

Federal Transit Administration funds are available for communities to provide, expand, and coordinate transportation services within the parish. Funding programs include operating and capital funding for urbanized and rural general public transportation, capital funding (vehicles) for elderly and disabled services, operating and capital funding for job access, and reverse commute services for technical support and training. A description of programs, fund availability, and existing services within a parish can be found at [www.dotd.louisiana.gov/intermodal/transit/](http://www.dotd.louisiana.gov/intermodal/transit/) or by contacting the Louisiana Department of Transportation and Development, Public Transportation Section at 225-274-4302.

## **Sociocultural Issues**

Sociocultural issues are those which are centered on the issue of “equity”; it is the inequities that can lead to health care disparities. Confusion or ignorance of the health care system, not knowing what to do, or where to go, or when to seek care, are barriers that can lead to untreated medical conditions. Issues or concerns about confidentiality or discrimination are also examples of “sociocultural” barriers.<sup>36</sup> Language barriers between staff and providers lead to miscommunication. These barriers exist because of income disparities along with racial, education, occupation, cultural, or spiritual differences. All of these barriers can lead to less than optimal care which can in turn compromise health outcomes.<sup>37</sup>

Not having a phone, lack of transportation, or moving frequently are also barriers that limit the access and consistency of care. Similarly, having many children in a family, more than two jobs or competing medical needs, e.g. pregnancy or disability, can all put constraints on a person’s ability to seek preventive care in a timely fashion.

## Disparities

All Americans are impacted by limited access to health care. However, there are identified populations that are disproportionately affected.

- Men are slightly more likely than women to be uninsured.
- One-quarter of 18 – 34 year olds are uninsured.
- African Americans and Asian/Pacific Islanders are 1.5 times more likely to be uninsured as non-Hispanic whites.
- More education is associated with a higher likelihood of having insurance.
- Increased income levels are associated with a higher likelihood of having insurance.<sup>39</sup>

### DID YOU KNOW?

- *Workers in large firms are more likely to have insurance than workers in smaller firms*
- *Full-time workers are more likely to have coverage than part-time, part-year or temporary workers*
- *Unionized workers are more likely to have insurance than non-union workers.*<sup>38</sup>

**Eliminating Disparities** –The American Public Health Association (APHA) believes that federal and state government as well as commitment and leadership from the community is needed to address health literacy, poverty, and racism which it defines as the social determinates of health.<sup>40</sup> Understanding and eliminating disparities remains a high priority for both health research and health planning. The elimination of health disparities is the second goal of the National Healthy People 2010 (HP2010) program.<sup>41</sup>

The U.S. Department of Health and Human Services recommends the following as future directions for eliminating disparities:

- Understanding why disparities in health care exist by continuing to incorporate research on disparities in health care into other research efforts,
- Uncovering the reasons for differences. Identifying and implementing effective strategies to eliminate/overcome disparities,
- Continuing to boost data collection,
- Working more closely with communities to make sure the research is relevant to the populations in them and implemented quickly, and
- Evaluating the importance of cultural competence in eliminating health care disparities.<sup>42</sup>

## The Community Can . . .

### Increase the number of eligible adults and children enrolled in Medicaid and LaCHIP

- Foster collaborative relationships between state health care services and hospitals, health care parishioners and businesses to coordinate enrollment activities.<sup>43</sup>
- Foster cooperation between schools, churches, libraries, businesses, and state health care services to distribute information about these programs.<sup>44</sup>
- Facilitate the use of schools as a central point to disseminate information about Medicaid and LaCHIP.<sup>45</sup>
  - Link program enrollment with school enrollment.<sup>46</sup>

- Provide information on these programs at back-to-school nights, PTA meetings, etc.<sup>47</sup>
- Enlist school staff, parent volunteers and other community-based organizations to share information and answer basic questions about these programs.<sup>48</sup>

Toolkits & Guides:

Center for Medicare and Medicaid Services, “CHIP and Medicaid Outreach in Schools”, [www.cms.hhs.gov/schip/sho-letters/ch101899.asp](http://www.cms.hhs.gov/schip/sho-letters/ch101899.asp).

### **Increase access to non-emergency medical transportation<sup>49</sup>**

- Coordinate transportation services between program–related human service agencies and general public transportation systems.<sup>50</sup>
- Develop a transportation system for rural areas.<sup>51</sup>
- Create a volunteer driver program utilizing volunteers from faith-based groups, service organizations and the public.<sup>52</sup>
- Encourage and coordinate van pooling, car pooling, and “share-a-ride” initiatives.<sup>53</sup>

Toolkits & Guides:

Medical Transportation, Toolkit and Best Practices, [www.ctaa.org/data/medtoolkit.pdf](http://www.ctaa.org/data/medtoolkit.pdf).

National Consortium on the Coordination of Human Services Transportation, [www.ctaa.org/ntrc/hrt.asp#pp](http://www.ctaa.org/ntrc/hrt.asp#pp).

Framework for Action, Building the Fully Coordinated Transportation System, Self Assessment Tools for Communities and States, [projectaction.easterseals.com/site/DocServer/04FFA.pdf?docID=4983](http://projectaction.easterseals.com/site/DocServer/04FFA.pdf?docID=4983).

Handbook for Rural Flexroute Implementation, [projectaction.easterseals.com/site/DocServer/00FLEX.pdf?docID=3437](http://projectaction.easterseals.com/site/DocServer/00FLEX.pdf?docID=3437).

Easter Seals Project ACTION’s Mobility Planning Services, Assessable Community Transportation in our Nation”, [projectaction.easterseals.com](http://projectaction.easterseals.com).

Senior Transportation: Toolkit and Best Practices, [www.ctaa.org/ntrc/senior/senior\\_toolkit.pdf](http://www.ctaa.org/ntrc/senior/senior_toolkit.pdf).

### **Increase access to health care in rural areas**

- Support the development and/or the expansion of the medical capacity of your community through community-based and rural health Program Grants.<sup>54</sup>
- Improve access to primary and preventive care services in underserved areas.
  - Apply for community-based and rural health Program Grants.<sup>55</sup>
  - Actively participate in physician recruitment efforts.<sup>56</sup>
- Support programs and initiatives that focus on the improvement of both personal and population health.<sup>57</sup>
- Support the training of individuals to work as behavioral health clinicians in primary care settings.<sup>58</sup>

Toolkits & Guides:

Yellow Ribbon International Suicide Awareness and Prevention Week toolkit, [www.yellowribbon.org/Week.html](http://www.yellowribbon.org/Week.html).

**Reduce the social and cultural barriers to health care equity**

- Identify the demographic make-up, the health care status and the most prevalent chronic diseases of the community.<sup>59,60</sup>
- Promote a culturally competent workforce.<sup>61,62</sup>
- Support the recruitment of health care personnel from the community.<sup>63</sup>
- Support health education programs and strategies aimed at the target community.<sup>64</sup>
- Promote community capacity building for advocacy and program development.<sup>65</sup>

Toolkits & Guides:

Health Disparities Projects and Interventions database,

[www.apha.org/NPHW/solutions/](http://www.apha.org/NPHW/solutions/)

Addressing Health Disparities in Community Settings,

[www.rwjf.org/files/research/UrgentMatters-disparitiesfin.pdf](http://www.rwjf.org/files/research/UrgentMatters-disparitiesfin.pdf).

National Center for Cultural Competence, "Getting Started...and Moving On...",

[gucchd.georgetown.edu/nccc/documents/Getting\\_Started\\_SAMHSA.pdf](http://gucchd.georgetown.edu/nccc/documents/Getting_Started_SAMHSA.pdf).

North Carolina Office of Minority Health Disparities, DHHS, Disparities Call to Action 2003

[www.ncminorityhealth.org/omhhd/OMH\\_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf](http://www.ncminorityhealth.org/omhhd/OMH_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf).

Diversity in Action Framework for CDC/ASTDR,

[www.cdc.gov/omh/reports/DiversityInAction.htm](http://www.cdc.gov/omh/reports/DiversityInAction.htm).

Diversity Rx, Multicultural Health Best Practices Overview, Overview of Models and Strategies for Overcoming Linguistic and Cultural Barriers to Health Care

[www.diversityrx.org/BEST/3\\_1.htm](http://www.diversityrx.org/BEST/3_1.htm).

Take A Loved One for a Checkup Day, [www.omhrc.gov/healthgap/2005drday.htm](http://www.omhrc.gov/healthgap/2005drday.htm).

*References*

1. United Health Foundation, America's Health: State Health Rankings-2004 Edition, <<http://www.unitedhealthfoundation.org>>.
2. Friedrich, M. J. "Medically Underserved Children Need More Than Insurance Card." JAMA.2000; 283: 3056-3057.
3. McDonough, John E. 1999. Healthcare Policy The Basics. The Access Project: Robert Wood Johnson Foundation, 18 April 2005. <<http://www.accessproject.org/downloads/the-basics.pdf>>.
4. McDonough, John E.
5. U.S. Census Bureau, Census 2000, Summary File 3 (SF 3) Sample Data.
6. LaDHH, Louisiana Health Insurance Survey.
7. Louisiana Department of Health and Hospitals, Office of Public Health (LaDHH/OPH) Louisiana State Center for Health Statistics, 2003 Louisiana Health Report Card.
8. Louisiana Department of Health and Hospitals, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
9. LaDHH, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
10. LaDHH, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
11. U.S. Census Bureau, Census 2000 Summary File 3.
12. United Health Foundation, America's Health: State Health Rankings.
13. U.S. Census Bureau, Most years Current Population Survey, Annual Social and Economic Supplement.

14. Louisiana Department of Health and Hospitals (LaDHH), Louisiana Health Insurance Survey, 10 May 2004, 15 June 2005. <<http://www.dhh.louisiana.gov/reports.asp?ID=119&Detail=29&SearchFor=health%20insurance%20survey>>.
15. LaDHH, Louisiana Health Insurance Survey.
16. LaDHH, Louisiana Health Insurance Survey.
17. The Sunday Advocate, Baton Rouge, La 2 May 2004.
18. McDonough, John E.
19. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health, <<http://www.dhh.louisiana.gov/pcrh>>.
20. LaDHH, Bureau of Primary Care and Rural Health.
21. LaDHH, Bureau of Primary Care and Rural Health.
22. LaDHH, Bureau of Primary Care and Rural Health.
23. LaDHH, Bureau of Primary Care and Rural Health.
24. Louisiana Department of Health and Hospitals Health Standards, March 2005, Licensed Beds.
25. Louisiana Department of Health and Hospitals Health Standards, March 2005, Licensed Beds.
26. LaDHH, Bureau of Primary Care and Rural Health, <[http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705\\_fqhc.xls](http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705_fqhc.xls)>.
27. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
28. LaDHH, Bureau of Primary Care and Rural Health, <[http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705\\_fqhc.xls](http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705_fqhc.xls)>.
29. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
30. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
31. Department of Health and Hospitals, Office of Public Health (DHH/OPH), Adolescent School Based Health Care (SBHC) Program.
32. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
33. DHH/OPH, SBHC Program.
34. Bailey, Linda, "Aging Americans Stranded Without Options", Surface Transportation Policy Project, April 2004.
35. U.S. Census Bureau, Census 2000 Summary File 4.
36. U. S. Department of Health and Human Services, *Healthy People 2010*: 2nd. ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vol. Washington, DC: U.S. Government Printing Office, November 2000.
37. McDonough, John E.
38. McDonough, John E.
39. McDonough, John E.
40. Benjamin, Georges, United Health Foundation, "Eliminating Health Disparities", America's Health: State Health Rankings-2004 Edition, key words, "Commentary". <<http://www.unitedhealthfoundation.org>>.
41. McDonough, John E.
42. LaDHH, Bureau of Primary Care and Rural Health.
43. Silow-Carroll, Sharon, Anthony, S., Sacks, H. and Meyer, J>, "Reaching Out: Successful Efforts to Provide Children and Families with Health Care", June 2000, 19 July 2005, 1 June 2002, <[http://www.communityvoices.org/Uploads/sun12155fuz2hs3u0xi5ntza\\_20020731104349.pdf](http://www.communityvoices.org/Uploads/sun12155fuz2hs3u0xi5ntza_20020731104349.pdf)>.
44. Silow-Carroll, Sharon.
45. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools", 18 Oct 1999, 14 July 2005, <<http://www.cms.hhs.gov/schip/sho-letters/ch101899.asp>>.
46. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".
47. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".
48. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".

49. Community Transportation Association of America, "Medical Transportation, Toolkit and Best Practices", 2001, 18 July 2005 <<http://www.ctaa.org/data/medtoolkit.pdf>>.
50. U. S. General Accounting Office, Resources, Community and Economic Development Division, "Transportation Coordination, October 1999. 18 July 2005 <<http://www.gao.gov/archive/2000/rc00001.pdf>>.
51. Crain & Associates, Inc., "Handbook for Rural Flexroute Implementation, The Santee Wateree Regional Transportation Authority Experience", for Easter Seals Project ACTION, Doc. NO.20-0200, 18 July 2005, <<http://projectaction.easterseals.com/site/DocServer/00FLEX.pdf?docID=3437>>.
52. Hardin, Jane, "Senior Transportation: Toolkit and best Practices, Community Transportation Association of America, May 2003, 13 July 2005, <[http://www.ctaa.org/ntrc/senior/senior\\_toolkit.pdf](http://www.ctaa.org/ntrc/senior/senior_toolkit.pdf)>.
53. Hardin, Jane.
54. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Program, 2004, 22 July 2005, <<http://www.dhh.state.la.us/offices/page.asp?id=88&detail=3820#>>.
55. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Program, 2004.
56. Pathman, Donald E., et al. "Retention of Primary Care Physicians in Rural Health Professional Shortage Areas". *American Journal of Public Health*, October 2004, Vol. 94, No. 10. Accessed through DHH, La. Task Force on the Future of Family Medicine, Reports, 22 July 2005, <<http://www.dhh.state.la.us/offices/miscdocs/docs-88/Taskforce/Rentionof%20primary%20care%20docs%20in%20rural.pdf>>.
57. National Academy of Sciences, Quality Through Collaboration: The future of Rural Health Care, Executive Summary. Accessed through DHH, La. Task Force on the Future of Family Medicine, Reports, 22 July 2005, <<http://www.dhh.state.la.us/offices/miscdocs/docs-88/Taskforce/The%20Future%20of%20Rural%20Health%20Care.pdf>>.
58. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Behavioral Health and Primary Care Service Integration Initiative, 22 July 2005, <<http://www.dhh.state.la.us/offices/miscdocs/docs-88/Service%20Integration/State%20Report.pdf>>.
59. Siegel, Bruce, et al. "Addressing Health Disparities in Community Settings, Final Report to the Robert Wood Johnson Foundation, Revised and updated October 2003, 22 July 2005, <<http://www.rwjf.org/files/research/UrgentMatters-disparitiesfin.pdf>>.
60. Goode, T. and Jackson, V. (2003). "Getting started ...and moving on...Planning, implementing and evaluating culturally & linguistically competent systems of care for children and youth needing mental health services and their families". Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 22 July 2005, <[http://gucchd.georgetown.edu/nccc/documents/Getting\\_Started\\_SAMHSA.pdf](http://gucchd.georgetown.edu/nccc/documents/Getting_Started_SAMHSA.pdf)>.
61. Siegel, Bruce, et al.
62. North Carolina Office of Minority Health Disparities, DHHS, Disparities Call to Action 2003, 22 July 2005, <[http://www.ncminorityhealth.org/omhhd/OMH\\_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf](http://www.ncminorityhealth.org/omhhd/OMH_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf)>.
63. Siegel, Bruce, et al.
64. Department of Health and Human Services, Closing the Health Gap Campaign, 22 July 2005, <<http://www.omhrc.gov/healthgap/2005drday.htm>>.
65. Diversity Rx, "Multicultural Health Best Practices Overview, Overview of Models and Strategies for Overcoming Linguistic and Cultural Barriers to Health Care", 22 July 2005, <[http://www.diversityrx.org/BEST/3\\_1.htm](http://www.diversityrx.org/BEST/3_1.htm)>.